


|   |  |  |
|---|--|--|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10056687 | <b>Applicant(s)/Patent Under Reexamination</b><br>SIMPSON ET AL. |
|   | <b>Examiner</b><br>Yves Dalencourt         | <b>Art Unit</b><br>2157  |

| ORIGINAL                  |  |          |     |     |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|-----|-----|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |     |     |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 709                       |  | 203      |     |     |  | G                            | C | B | F | 15 / 16 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 709                       | 200                                      | 202      | 206 | 237 |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 715                       | 725                                      |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 17       |       | 33       |       |          |       |          |       |          |       |          |       |          |
|  | 2        |       | 18       |       | 34       |       |          |       |          |       |          |       |          |       |          |
|  | 3        |       | 19       |       | 35       |       |          |       |          |       |          |       |          |       |          |
|  | 4        |       | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       |       | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 11       |       | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 15       |       | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 16       |       | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

|   |  |                                    |                        |
|---|--|------------------------------------|------------------------|
| NONE  |  | <b>Total Claims Allowed:</b><br>35 |                        |
| (Assistant Examiner)                                |  | (Date)                             |                        |
| /Yves Dalencourt/<br>Primary Examiner Art Unit 2157 |  | 09/27/2008                         |                        |
| (Primary Examiner)                                  |  | (Date)                             |                        |
|   |  | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>2 |